Global Commitment Register

April 24, 2017

GCR 16-002 CLARIFICATION

Removal of Copays for Services Related to Sexual Assault

Policy Summary:

This SPA was approved by CMS. Below is the policy summary for submission.

The Department of Vermont Health Access (DVHA) filed Vermont Medicaid State Plan Amendment (SPA) #16-0017 to remove the copayment requirement for services related to sexual assault. A copay is not required for ICD-10 diagnosis codes related to sexual assault. DVHA has eliminated these copays as a result of Act 34 of the 2015 legislative session. This change will also be reflected in the State's Alternative Benefit Plan for the New Adult Group under SPA 16-0025. The ABP replicates the full Medicaid State plan, and includes the 10 essential health benefits required under the Affordable Care Act, as well as the full range of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for individuals under the age of 21.

Effective Date:

Approved by CMS on March 29, 2017. Effective October 1, 2016.

Authority/Legal Basis:

These changes were made pursuant to 42 CFR §430.12(c)(1)(ii) under the Medicaid State Plan.

Population Affected:

All Medicaid

Fiscal Impact:

	State Fiscal Year 2017	State Fiscal Year 2018
State	\$68	\$91
Federal	\$82	\$109
Total	\$150	\$200

Public Comment Period:

The public comment period was 8/30/16 - 9/28/16. No comments were received.



Additional Information:

Click here to view the GCR final policy for <u>16-002</u>: Removal of Copays for Services Related to Sexual Assault.

Click here for the <u>updated State Plan</u> on the DVHA website.

The following State Plan pages were added/repealed:

- Attachment 4.18-A pages 1, 2, and 3 were repealed
- Attachment 4.18-C pages 1, 2, and 3 were repealed
- Template G1, G2a, G2b, G2c and G3 were added

Please note that while the SPA pages are in a new format, the only policy change is related to copays for services related to sexual assault.

